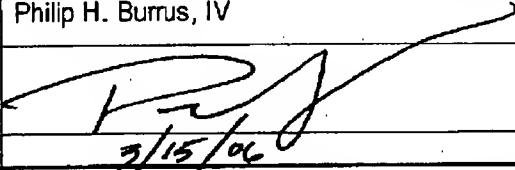


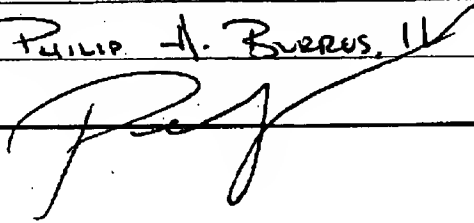
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/997,402
	Filing Date	November 28, 2001
	First Named Inventor	Mehta, Samir Darendra
	Group Art Unit	2143
	Examiner Name	Doan, Duyen My
Total Number of Pages in this Submission	Attorney Docket Number	320037.402

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input checked="" type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	<input checked="" type="checkbox"/> Credit Card Payment Form
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Philip H. Burrus, IV	Registration No.	45,432
Signature			
Date	3/15/06		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number <del>571-273-8300</del> or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
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